



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use
Fee Paid 10.00 14.00 24.00 10.00
Date 10/27/97
607152 & 7281 2K

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name HARRISON-RAY WATER CO., C/O WT HARRISON Home Tel: () - N/A
Mailing Address P. O. BOX 2818 Work Tel: (509) 545 - 1908
City TRI-CITIES State WA Zip+4 99302 + 2818 FAX: (509) 547 - 7960

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name SCM CONSULTANTS, INC., C/O GARY WEATHERLY Home Tel: () - N/A
Mailing Address 7601 W. CLEARWATER AVENUE #301 Work Tel: (509) 783 - 1625
City KENNEWICK State WA Zip+4 99336 + 1627 FAX: (509) 783 - 1861
Relationship to applicant Owner's Engineer

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 5,200 gpm (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of domestic potable water use and landscape irrigation. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 3,100 ac-ft

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

766 acres

Section 4. WATER SOURCE

If SURFACE WATER		If GROUNDWATER						
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:		A permit is desired for <u>5</u> <u>new</u> well(s).						
Number of diversions: <u> </u>								
Source flows into (name of body of water):		Size & depth of well(s): <u>14" Diameter (Typ)</u> <u>700' Deep (Typ)</u>						
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
<u>Well #1 = SW 1/4 NW 1/4 of Section 1</u> <u>Well #2 = SW 1/4 SE 1/4 of Section 1</u> <u>SEE ATTACHMENT A</u> <u>Well #3 = SE 1/4 NW 1/4 of Section 12</u> <u>Well #4 = NE 1/4 NE 1/4 of Section 12</u> <u>all within T. 8N, R. 30E;</u>								
<u>AND WELL #5 in the NE 1/4 NW 1/4 of Section 7 in township 8N, R. 30E in Walla Walla Co</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
		1,2,12	8N	30E	Walla Walla			
		7	8N	31E	Walla Walla			
For Ecology Use				Date Received: <u>10/27/97</u>	Priority Date: <u>10/27/97</u>			
SEPA: Exempt <input checked="" type="checkbox"/> Not Exempt <input type="checkbox"/>				FERC License # <u> </u>	Dept. Of Health # <u> </u>			
Date Accepted As Complete <u>2/8/99</u>				By <u>2K</u>	Date Returned <u> </u>	By <u> </u>	WRIA: <u>32</u>	

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: HARRISON-RAY WATER COMPANY, BURBANK WATER SYSTEM
- B. Briefly describe your proposed water system. (See instructions.)

SEE ATTACHMENT A

- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. Copies attached.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1,532 ^{-ok per Gary Weatherly.} Type of connection Homes, Commercial
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO
If yes, when was it approved? June 19, 1996 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☒ YES ☐ NO
If yes, when was it approved? June 19, 1996 Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: ~~536~~ 766 ^{Per ph. call w/ G. Weatherly. SCM consultants.}
- B. List total number of acres for other specified agricultural uses:
- | | |
|------------------------|---------------------------------|
| Use <u>Landscaping</u> | Acres <u>536 766</u> |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: 766
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Travel southeast on SR12 from Pasco. Approximately two miles past the Snake River bridge turn right on Humorist Road and head west. Turn left (south) on Ray Boulevard and go approximately 0.45 miles to its intersection with Largent Road. The water system facilities are visible from this point and are located approximately 200 feet to the left (south).

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

The applicant is the owner of the public water system. The water system has 261 lots within its service area currently.

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

W.T. Larrison
Applicant (or authorized representative)

10-24-97
Date

Same
Landowner for place of use (if same as applicant, write "same")

10-24-95
Date

SEPA		THIS APPLICATION IS NOT EXEMPT:	
LEAD AGENCY	<u>4/30/99</u> Completed Checklist Received		
<u>1/1</u>	Determination of Nonsignificance Issued		
<u>1/1</u>	Determination of Significance Issued		
DRAFT EIS ISSUED	<u>1/1</u>		
FINAL EIS ISSUED	<u>1/1</u>		

APPLICATION

G330128

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).